


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90068 046 \*\*\*\*61.25

**DOCUMENT # N01000001790**

1. Entity Name  
**PALM COAST PLANTATION HOMEOWNER'S ASSOCIATION, I NC.**



Principal Place of Business      Mailing Address

**14 OFFICE PARK DRIVE  
SUITE 3  
PALM COAST FL 32137**      **14 OFFICE PARK DRIVE  
SUITE 3  
PALM COAST FL 32137**

2. Principal Place of Business      3. Mailing Address

**6453 East Hwy, 100**      **6453 East Hwy 100**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State      City & State      4. FEI Number **56-2253374**      Applied For

**FLAGLER BEACH FL**      **FLAGLER BEACH, FL**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**32136**      **FLAGLER**      **32136**      **FLAGLER**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**B. PAUL KATZ**  
**1 FLORIDA PARK DRIVE SOUTH**  
**ATRIUM SUITE**  
**PALM COAST FL 32137**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ALLEN, WILLIAM G 10800 SIKES PLACE #250 CHARLOTTE NC 28277</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WHITLEY, VIVIAN 10800 SIKES PLACE #250 CHARLOTTE NC 28277</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASVD BELSHE, KEN 14 OFFICE PARK DRIVE #3 PALM COAST FL 32137</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diana Whitley*      **DIANA WHITLEY**      Date: **1/16/03**      Daytime Phone #: **(404) 847-6006**

CR2E037 (10/02)